

LLC-5

201811610640

FILED MY Secretary of State State of California APR 1 3 2018



IMPORTANT — Read Instructions before completing this form.

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed. See Instructions.

Filing Fee - \$70.00

Copy Fees - First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00

Note: Registered LLCs in California may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to https://www.ftb.ca.gov.

This Space For Office Use Only

1a. LLC Name (Enter the exact name of the LLC as listed on your attached Certificate of Good Star
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1b. California Alternate Name, If Required (See Instructions - Only enter an alternate name if the LLC name in 1a not available in California.)

2. LLC History (See Instructions - Ensure that the formation date and jurisdiction match the attached Certificate of Good Standing.)

a. Date LLC was formed in home jurisdiction (MM/DD/YYYY)

b. Jurisdiction (State, foreign country or place where this LLC is formed.)

08 08 2017 Wisconsin

c. Authority Statement (Do not alter Authority Statement)

This LLC currently has powers and privileges to conduct business in the state, foreign country or place entered in Item 2b.

3. Business Addresses (Enter the complete business addresses, Items 3a and 3b cannot be a P.O. Box or "in care of" an individual or entity.)

a. Street Address of Principal Executive Office - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
901 S Whitney Way	Madison	WI	53711
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box 21 LOCUST AVE, Suite 1	City (no abbreviations) Mill Valley	State CA	Zip Code 94941
c. Mailing Address of Principal Executive Office, if different than item 3a	City (no abbreviations)	State	Zip Code

4. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is <b>not</b> a corporation)  Daniel	Middle Name	Last Name Rabin			Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 21 Locust Ave, Suite 1	City (no abbreviations) Mill Valley		State CA	Zip Coo 9494	

CORPORATION - Complete Item 4c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 4a or 4b

5. Read and Sign Below (See Instructions. Title not required.)

I am authorized to sign on behalf of the foreign LLC.

Signature

Daniel Rabin

Type or Print Name

## United States of America State of Wisconsin

## DEPARTMENT OF FINANCIAL INSTITUTIONS



Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

## 910 MAYER, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is August 08, 2017.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that said corporation or limited liability company has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on April 04, 2018.

MARY ANN MCCOSHEN, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code:

217671-CD19F6C1

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